Department of Veterans Affairs Billing Guidelines for Health Care Provided to Veterans and Beneficiaries

Chief Business Office Purchased Care
Department of Program Integrity (DPI)

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Introduction

The Department of Veterans Affairs would like to take this opportunity to thank you, the healthcare provider, who ensures our Veterans and their families receive the best level of care and we hope that level of care continues throughout the healthcare community

Applicable Laws

- **18 U.S.C §1031 Major fraud against the United States**

- **18 U.S.C §1035 False statements relating to health care matters**

- **18 U.S.C §1342 Fictitious name or address**

- **18 U.S.C §1346 Definition of "scheme or artifice to defraud**

- **18 U.S.C §1347 Health care fraud**

- **31 U.S.C.§3729 False Claims Act**

- **42 U.S.C. §1320a-7b Health Care Programs**

- **42 U.S.C. §1320a-7b(b) Anti-Kickback Statute**

Applicable Laws

- **Improper Payments Elimination and Recovery Act (IPERA)**
- **The Federal Managers Financial Integrity Act codified in 31 U.S.C § 3512**
- **The Affordable Care Act**
- **Health Insurance Portability and Accountability Act of 1996**
- **Presidential Executive Order 13520 Reducing Improper Payments**
- **OMB Cir No. A-123 Management's Responsibility for Internal Controls**

Target Audience

- **New Health Care Professionals**

- **Existing Health Care Professionals**

- **Medical Coders**

- **Billing Departments**

- **Any Entity Who Submits Medical Claims to the Veterans Affairs**

Training Objectives

- **Convey The Department of Veterans Affairs commitment to excellence**

- **Provide the basics of how claims should be billed**

- **Assist providers on how to bill correctly**

- **Provide practical examples**

Claims Coding Guidance

- **Non VA care is like or similar to Medicare**

- **Very seldom will the VA accept Blue Cross Blue Shield or Medicaid codes**

- **AMA coding guidelines**

Claims Coding Guidance

- **National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUE)**

- **Prospective Payment System (PPS)**

- **Excessive charges**

- **Reimbursement**

Program Integrity Claims Reviews

- **Program Integrity Tools**

- **Delay in claims processing**

- **Utilize Medicare's Claims Processing Manual CMS 100-04 at:**

  http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLSort=0&DLSortDir=ascending
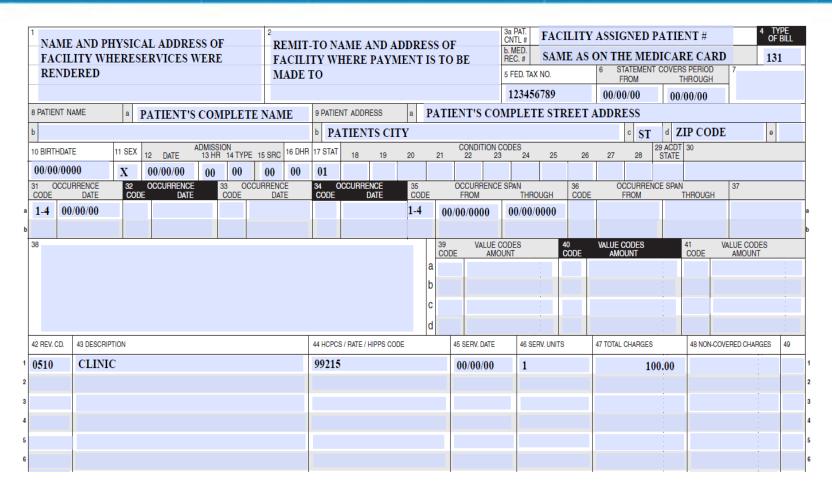
CMS-1500

CMS-1500

14. DATE OF CURRENT:	ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
00 MM 00 DD 00 YY ◀			00 00 00	FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
NAME REFERRING OR ORDERING PHYSICIAN	17b. NPI INDIVIDUAL NPI		FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE	20. OUTSIDE LAB? ☐ YES ☒ NO	$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 000.00 3. 000.00
2. E000.00 4. V00.00

22. MEDICAID RESUBMISSION CODE	ORIGINAL REF. NO.
LEAVE BLANK	

23. PRIOR AUTHORIZATION NUMBER
LEAVE BLANK

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER						
1	09	29	2013	09	30	2013	21		99232	AQ	1,2	100.00	2		NPI	INDIVIDUAL NPI
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
12-3456789 ☒		☒ YES ☐ NO	$ 100.00	$	$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ( )
	NAME/ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED	PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE, AND PHONE NUMBER
SIGNED DATE	a. NPI b.	a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

PHYSICIAN OR SUPPLIER INFORMATION

CMS-1450 (UB-04)

CMS-1450 (UB-04)

Qui Tam/Whistleblower

The Q*ui Tam* (aka Whistleblower Law) provisions of the False Claims Act, stipulates that a private party (employee of a health care organization) may file a complaint on behalf of the government (Federal & State) to prosecute alleged false claims.

Report allegations to:

**VA Office of Inspector General (VA OIG)
VA Inspector General Hotline (53E)
P.O. Box 50410
Washington, DC 20091-0410
Telephone: 1-800-488-8244
Fax: 1-202-565-7936**

vaoighotline@va.gov

Summary

- **Ensure that the codes reflect the level of care provided**

- **Valid use of modifiers**

- **Align your medical coding with Medicare's billing guidelines**

- **Correct and accurate claims will not be suspect to Program Integrity and will not be delayed**

Helpful Web Resources

- **Form CMS 1500 processing manual**
  http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf

- **Form CMS 1450 processing manual**
  http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf

- **Medicare Claims Processing Manual**
  http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

References

Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately, these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.

Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools Improper Payment Review.

The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:

Medicare Claim Processing Guide
http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf